

**The School District of Rhinelander  
Community Education Program  
Course Registration Form**



Course Name:	
Course Number:	
Class Participant's First and Last Name:	
Mailing Address:	
City, State and Zip Code:	
Primary Phone Number:	
Emergency Contact Name and Phone Number:	
Email Address:	
Additional Information <i>(Medical Conditions, Food Restrictions Food Allergies, Other):</i>	
<p><b>Waiver Statement:</b> The participant/parent/guardian assumes all responsibility in case of injury or harm to participant. The School District of Rhinelander, its employees or agents or any volunteers/organizations associated with this activity will not be held responsible for any personal injury or loss that may occur in conjunction with this activity.</p> <p><b>Signature:</b> _____</p>	

**TO REGISTER, COMPLETE THE REGISTRATION FORM AND RETURN IT WITH PAYMENT TO:**

School District of Rhinelander  
**Community Education Program** *(Please include this!)*  
 665 Coolidge Avenue - Suite B  
 Rhinelander, WI 54501

**Check may be made payable to: SDR**

Office: (715) 365-9745  
 Mike Cheslock, Community Education Coordinator  
 Email: [cheslmik@rhinelander.k12.wi.us](mailto:cheslmik@rhinelander.k12.wi.us)

**Refund Policy:** The determination to hold classes is based upon the number of paid participants. We are unable to refund once the class is held because of instructor and class material fees.

<b>For School District Use Only:</b>	
Date Received:	
Payment Received:	
Successfully Enrolled:	